

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

LINDA S. SPEARS
Commissioner

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Children and Families
600 Washington Street, 6th Floor Boston Massachusetts 02111
Tel (617) 748-2000 ♦ Fax (617) 748-2156

2018-2019

WILLIAM E. WARREN SCHOLARSHIP

APPLICATION

“Walk apart, to hear the music of your heart.” - William E. Warren

The William E. Warren Scholarship Fund has been established to fund scholarships for youth who are or have been in care of the Massachusetts Department of Children & Families (DCF) and who are pursuing education at accredited institutions of higher learning. The 2018-2019 William Warren Scholarship Program will award **three** competitors scholarships ranging from \$150-\$1,000. Selection of recipients will be based upon proven academic merit and financial need. Winners of this scholarship must meet the eligibility criteria below:

Eligibility and Qualifications:

- Applicants must be in DCF care or custody or have been in the past for a minimum of one year.
- Applicants must be under age 25.
- Applicants must be enrolled in a post-secondary Title IV eligible program. (Students should contact specific schools to verify Title IV eligibility)
- Applicants must demonstrate academic potential and commitment to educational goals.
- Applicants must demonstrate significant unmet financial need.
- Applicants must demonstrate the ability to overcome challenges and obstacles.

Students must submit completed applications and required documentation to the DCF William E. Warren Scholarship Program, 600 Washington Street, Boston, MA 02111. All applications must be postmarked by **August 4, 2018**. Faxed applications will not be accepted. Please see the Application Checklist on page 4 for a list of required documentation. Awards range in amounts from \$150 to \$1,000 based on financial need and academic merit. Applications will be reviewed and recipients selected by the William E. Warren Scholarship Committee.



MASSACHUSETTS DEPARTMENT OF
Children & Families

Date:

1. Name: _____ 2. D.O.B.: _____

3. Social Security #: _____ 4. E-mail address: _____

5. Telephone number: _____

6. Address: _____

City: _____ State: _____ Zip: _____

7. Race/Ethnicity: _____

8. School/College where currently enrolled: _____

School/College where you will be enrolled as of September 2017:

City/Town: _____ State: _____

Telephone number of Financial Aid Office: _____

9. Enrollment Information (please check your appropriate response in each section):

When will you be enrolled?

_____ 1st Semester and 2nd Semester

_____ 1st Semester only

_____ 2nd Semester only

What is your current grade level?

_____ 1st year/ freshman

_____ 2nd year/ sophomore

_____ 3rd year/ junior

_____ 4th year/ senior

_____ Voc/Technical Program

What is your current enrollment status?

_____ Enrolled Part-time

_____ Enrolled Full-time

Expected year of graduation (month/year):

Course of Study/Major:

10. Are you currently in the care of the Department of Children and Families? Yes ___ No ___

If not, when were you discharged from care/custody? _____

11. Current/Former Area Office: _____

12. Current/Former Social Worker: _____

13. What will your living situation be when you attend school (check one)?

_____ Dorm

_____ Independent Living/Transitional Living Program

_____ Foster Home

_____ Rented Apartment/House (**please indicate your individual monthly rent**) \$ _____

_____ Public Housing

_____ Home of parent/family member (**if paying rent- amount charged**) \$ _____

_____ Don't know



MASSACHUSETTS DEPARTMENT OF
Children & Families

14. Please indicate if you are a recipient of any of the following:

Weekly income from employment	\$ _____
Work-Study income	\$ _____
Private Scholarship(s)	\$ _____
DCF Youth Support Payment	\$ _____
Social Security	\$ _____
Transitional Assistance (DTA, Welfare)	\$ _____
Mass Rehab Educational Payment	\$ _____
Workforce Investment Act Funding	\$ _____
Other financial assistance	\$ _____

15. Tuition and fees per academic year (tuition bill MUST be included with application): _____

16. Room and board expenses per academic year (if not included in tuition bill): _____

17. Is there a financial gap between your financial aid award and your cost of attendance?

Yes _____ No _____

If “Yes,” please explain the amount of unmet need and your proposed payment plan.

If “No,” please explain your need for this Scholarship.

18. Are you eligible for the Massachusetts Foster Child Grant? Yes _____ No _____ Don't Know _____
The application filing deadline for the Foster Child Grant is **July 1, 2018**.

19. Are you eligible for the Massachusetts Adoptive/Foster Child Tuition and Fee Waiver?

Yes _____ No _____ Don't Know _____

If yes, do you currently have a Massachusetts Foster Child Tuition Waiver? Yes _____ No _____

Students must be attending a Massachusetts public college or university. All eligible students must apply for a Massachusetts Foster Child Tuition and Fee Waiver.

20. Are you eligible for the Massachusetts DCF Education and Training Voucher Program?

Yes _____ No _____ Don't Know _____

Eligibility criteria for these programs can be found online at www.mass.gov/dcf under the Adolescent Services link. Please review this information online before checking “Don't Know”.



- 21. Please include a resume that will describe your extracurricular activities, jobs and/or volunteer positions you have held in the past 24 months. Please attach your resume to your application.**

22. ESSAY

Please describe the strengths you have to be successful in post-secondary education. How will these strengths and your education fuel your success in life? This essay should be 1-2 typed pages, double-spaced, and attached to your application.

23. RECOMMENDATION

Please submit one letter of recommendation from an educator, employer, guidance counselor, and/ or social worker who can speak to your academic performance.

Application Checklist

Your application must include ALL of the items below in order to be considered for an award.

Completed Scholarship Application Form, Pages 2-4	_____
Financial Aid Award Letter	_____
Tuition Bill/Detailed Account History	_____
A letter of recommendation	_____
Copy of most recent high school or college transcript	_____
Essay	_____
Resume	_____
Signed W-9 Tax Form (www.irs.gov/pub/irs-pdf/fw9.pdf)	_____

POST MARK DEADLINE FOR ALL APPLICATIONS IS August 3, 2018. Please note that incomplete and/or late applications will not be processed. All application materials, including the financial aid award letter and tuition bill, must be submitted by the deadline for competitive entry.

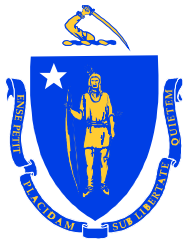
All students who submit completed applications by the deadline will receive a response letter informing them of the status of their application by October 31, 2018.

(Applicant Signature)

(Date)

Return application to The William E. Warren Scholarship Program at DCF Central Office, 600 Washington Street, 6th Floor, Boston, MA 02111. Faxed applications will not be accepted. If you have any questions about the Scholarship Program or Application, please call Michelle Banks at: 617-748-2430.





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RECOMMENDATION FORM

This recommendation form must be completed by a person who has known the applicant for a period of at least six months and is not a relative or friend of the applicant.

Return completed form to: The William E. Warren Scholarship Program, Department of Children and Families, 600 Washington St., Boston, MA 02111.

Applicant's Name: _____

Recommendation by: _____

Address: _____

Telephone #: _____

I. How long and in what capacity have you known the applicant?

II. Please describe the applicant's ability and motivation to follow through with his/her goal of obtaining higher education or vocational training.

III. Please explain how the applicant would benefit from this scholarship and why you believe he/she is deserving of the award.

IV. What additional information do you wish the committee to be aware of in its consideration of the applicant?

(Signature)

(Date)

